



John Viscovich, DPM
Westchester Health Medical

101 South Bedford Road Suite 213
Mt. Kisco, NY 10249
Phone: 914-244-0244 Fax: 914-244-0261

356 Route 202
Somers, NY 10589
Phone: 914-276-6060

Certificate of Medical Necessity Form

HIC #: _____

- 1). this patient has diabetes mellitus:
 - Diabetes Type II (non-insulin dependent) - ICD 10 Code E11.9
 - Diabetes Type I (insulin dependent)-ICD 10 Code E10.9
 - Other

- 2). this patient has one or more of the following conditions (Check all that apply).
 - History of partial or complete amputation of the foot ICD 10 Code
 - History of previous foot ulceration – ICD 10 Code L89.609
 - History of pre-ulcerative callus – ICD 10 Code L98.499
 - Peripheral neuropathy with evidence of callus formation – ICD 10 I84 E08.42 Diabetes mellitus due to underlying condition with diabetic Polyneuropathy
 - OR
 - E09.42 Drug or chemical induced diabetes mellitus with neurological Complications with diabetic polyneuropathy
 - OR
 - E10.42 Type I diabetes mellitus with diabetic polyneuropathy
 - OR
 - E11.42 Type II diabetes mellitus with diabetic polyneuropathy
 - OR
 - E13.42 Other specified diabetes mellitus with diabetic polyneuropathy
 - Foot Deformity – ICD 10 Code M21.969
 - Poor circulation – ICD 10 Code I99.8

- 3). I am treating the patient under a comprehensive plan for care of his/her diabetes.
- 4). this patient needs special shoes (depth or custom molded) because of his/her diabetes.
- 5). this patient needs shoe inserts (heat-molded or custom fabricated) because of his/her diabetes.

Physician Signature: _____ Date: ____/____/____

Physician Name: _____

Physician Address: _____

Physician NPI: _____